

MONTANA District # JUDICIAL DISTRICT YOUTH COURT,
County Name COUNTY

<p>In the Matter Of</p> <p>MONTANA DEPARTMENT OF CORRECTIONS,</p> <p style="text-align: center;">Petitioner,</p> <p>and</p> <p>Respondent's Name,</p> <p style="text-align: center;">Respondent.</p>	<p style="text-align: center;">CAUSE NO. DV-Cause #</p> <p style="text-align: center;">SUMMONS</p>
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The State of Montana Sends Greetings To The Above-Named Respondent:

You are hereby summoned to answer the Petition for Cost-of-Care Contribution Order herein, which is filed in the office of the Clerk of this Court, a copy of which is herewith served upon you, and to file your Answer and serve a copy thereof upon the Petitioner's attorney within twenty (20) days after the service of this Summons, exclusive of the day of service; and, in case of your failure to appear or answer, judgment will be taken against you by default for the relief demanded in the Petition for Income Withholding Order.

WITNESS my hand and the seal of said Court this _____ day of [Click here to enter a date.](#)

Clerk's Name, Clerk

(Court Seal)

By: _____

Attorney Name

SPECIAL ASSISTANT ATTORNEY GENERAL
MONTANA DEPARTMENT OF CORRECTIONS

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